PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
						10/535,433-0	/535,433-Conf. #8447	
FEE TRANSMITTAL			Filing Date		February 2, 2006			
For FY 2009			First Named Inv	entor/	Lorenzo FRIGERIO			
FOIFI 2009			Examiner Name		L. A. Bristol			
X Applicant claims small entity status. See 37 CFR 1.27				7 (COIII)		1643		
TOTAL AMOUNT OF PAYMENT (\$) 555.00			Attorney Docket No. 1009-0118PUS1			US1		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
x   Deposit Account   Deposit Account Number: 02-2448   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	<u>Fees P</u>	aid (\$)
Utility	330	165	540	270	220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
								Small Entity
Fee Description For halding and 20 (including Reigner)							Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							52	26
Multiple dependent claims							220 390	110 195
	e Paid (\$)	ı	Multinle Denen		193			
$ \frac{\text{Total Claims}}{54} - \frac{\text{Extra Claims}}{0} \times \frac{\text{Fee (\$)}}{26.00} = $						Multiple Dependent Claims ee (\$) Fee Paid (\$)		
HP = highest number of total clair					-	22.147		
Indep. Claims			Fe	e Paid (\$)				_
5 8 or HP =	0	× <u>110.00</u> =		0.00				
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round <b>up</b> to a whole number) x							Food I	
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no specification)  Fees Paid (\$)								
Other (e.g., late filing surcharge): 2253 Extension for response within third month 555.00								
SUBMITTED BY ()								
Signature		2/2/20		Registration No.	30,330	Telephone	(858) 792	-8855
Signature  Name (Print/Type)  Leonard R. Svensson				(Attorney/Agent)	00,000		September	
LCOHAIG I		···					Сортоппосі	,